

Child and Adult Care Food Program

Income Eligibility Guidance for

Adult Day Care Centers



July 2010

Missouri Department of Health and Senior Services
Bureau Community Food and Nutrition Assistance
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**CHILD AND ADULT CARE FOOD PROGRAM
INCOME ELIGIBILITY GUIDANCE FOR
ADULT DAY CARE CENTERS**

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EEO/AAP services provided on a non-discriminatory basis.

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General Information

Meal reimbursement to adult day care centers is based upon the claiming category of each participant at the center. The claiming category is determined by obtaining family size and household income data from the participant, a family member, or legal guardian and comparing this information to the income eligibility guidelines. Based on the income eligibility guidelines, the participant is classified as free, reduced, or paid.

Important points to remember:

- An Income Eligibility Forms (IEFs) must be on file at the center for **each** participant claimed for free and reduced-price meals. If the participant, family member or legal guardian does not choose to complete the IEF, then the participant must be claimed in the paid category.
- An IEF is effective for one year. A new IEF must be obtained each year. Do not change a date, use *White-Out* or reuse a completed form.
- If the IEF is completed by the participant, family member, or legal guardian before the actual date of enrollment, the center must collect a new IEF if more than two months have lapsed. For example, John Doe completed the IEF in January 2010. However, John did not enroll or attend the center until May 2010. A new IEF must be completed for John at the time he actually started attending the center since more than two months lapsed between the completion of the form and the actual participation date.
- The center must review, sign, and date the IEF as soon as it is received from the participant, family member or legal guardian. Failure to do so will result in the reclassification of the participant from the free or reduced category to the paid category.
- If a center participant is unable to complete the IEF and if no family member or guardian is available to complete the IEF, the center may complete the IEF on behalf of the enrollee if the enrollee is categorically eligible for free meals. A participant is categorically eligible for free meals if he/she is a Medicaid, SSI, or Supplemental Nutrition Assistant Program (formerly Food Stamp) recipient. The center must have documentation of the participant's categorical eligibility on file.
- The participant/family member/legal guardian letter on page 5 must be given to the participant/family member or legal guardian with the IEF. This letter and the instructions on page 6 provide required information for completing the IEF. The letter is updated each year. Be sure to use the most current letter with the IEF. Pricing programs require a different parent letter. See **Pricing Programs Only** on page 4.
- The United States Department of Agriculture (USDA) updates the income eligibility guidelines yearly in July. When reviewing the IEF, make sure to use the current income guidelines.

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- Once approved for free or reduced meal benefits, a participant is eligible for those benefits for one full year after the IEF has been signed and dated by the center, regardless of changes in income or household size that may occur throughout the year. Centers may not re-evaluate individual IEFs when new income guidelines are issued in July of each year. For example, if the participant, family member, or legal guardian completes an IEF in January 2010, eligibility will be based on income guidelines issued in July 2009. When the new income guidelines are issued the July 2010, the center may not re-evaluate the IEF completed in January 2010 using the new income guidelines. The eligibility must continue to be based on the previous years' income guidelines.
- If, during a monitoring review, it is found that participants were incorrectly classified or the IEF is missing or has expired, the center will have to pay back money to the Child and Adult Care Food Program. Therefore, it is very important that you review the IEFs carefully.
- Income information must be kept confidential.
- The IEFs must be kept for three years after the date the final claim for the fiscal year was submitted. If audit findings have not been resolved, the IEFs must be kept as long as necessary to resolve the issues raised by the audit.

Pricing Programs Only

An institution is operating a pricing program if a separate identifiable charge is made for meals served to enrolled participants. Federal regulations require that the participant letter contain certain information. A sample letter to the participant for pricing institutions is available upon request from the Missouri Department of Health and Senior Services – Bureau of Community Food and Nutrition Assistance or at:

http://www.dhss.mo.gov/living/dnhs_pdfs/R_CACFP_ADULTPricingltr.pdf

**Child and Adult Care Food Program
Participant Letter – Nonpricing Adult Day Care Centers**

Dear Participant/Family Member/Legal Guardian:

Our center is currently participating in the Child and Adult Care Food Program. This program reimburses the center for the partial cost of meals provided to participants and allows the center to provide nutritious meals without increasing the center's fees to you. If your yearly income is equal to or below Federal income guidelines, the participant may be eligible for free or reduced-price meals.

Family Size	Yearly Income	Family Size	Yearly Income
1	\$20,036	5	\$47,712
2	\$26,955	6	\$54,631
3	\$33,874	7	\$61,550
4	\$40,793	8	\$68,669
		For each additional	+6,919

To apply for free or reduced-price meal benefits, you must complete the attached form. Your application for free or reduced-price meal benefits cannot be approved unless the attached application is completed according to the directions provided. You should notify the center if any family member(s) of the household becomes unemployed. A participant may be eligible for free or reduced-price meals during the period of unemployment.

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Sincerely,

Center Owner/Director

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Income Eligibility Guidance for Adult Day Care Centers

**Instructions for Completing the Income Eligibility Form
for Adult Day Care Centers**

Part 1.

The first and last name of the participant enrolled at the center must be listed on the Income Eligibility Form (IEF).

If the participant, family member, or legal guardian checks that the participant is receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp), Medicaid, or SSI and enters the appropriate case number, the participant is automatically classified as free and the participant, family member, or guardian does not need to complete Part 2.

SNAP case numbers have the following characteristics:

S-xxx-xxxxxxxx

The three digit portion is a county code. At a minimum, the eight digit portion of the case number must be provided on the IEF for the participant to be automatically free. If the full eight digit number is not provided, the participant must be claimed as paid unless Part 2 (Household Income) is completed and the last four digits of the Social Security number is provided.

Part 2.

If the participant, family member, or guardian does not report participation in SNAP (formerly Food Stamp), SSI or Medicaid case number, then they must complete all entries in Part 2 and Part 4 to determine free or reduced-price eligibility.

List all household members. A household member is defined as the adult participant, and if residing with the adult participant, the spouse and dependents of the adult participant. Functionally impaired adults living with their parents are considered a "family" separate from their parents. For each household member, indicate monthly gross income by source for all members of the household before deductions, such as taxes and Social Security.

Part 3.

Identify the racial/ethnic category of the participant. Completion of this information is not mandatory and the failure to complete this information shall not affect the classification of eligibility category.

Part 4.

The adult household member completing the IEF must attest to the fact that the information provided is correct, that it is being given in connection with the receipt of

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federal funds, that it is subject to verification, and that the deliberate misrepresentation of facts will subject the individual to prosecution under applicable state and federal statutes. If the participant is not a SSI, SNAP, or Medicaid recipient, the adult signing the application must provide the last four digits of their Social Security number. If the adult does not have a Social Security number, "none" should be written in the space provided.

The participant or adult household member must provide a signature, date, address, telephone number, and printed name. The IEF cannot be approved for free or reduced-price meals unless the form is signed and dated by the participant, family member, or legal guardian.

The participant, family member, or legal guardian must fully complete the IEF. Center personnel shall not complete any of the information on the IEF. Exceptions will be granted if the center participant is unable to complete the IEF and if no family member or guardian is available to complete the form. In this instance, the center may complete the IEF on the enrollee's behalf if the enrollee is categorically eligible for free meals. The IEF is effective from the date the center representative signs and dates the form.

Each participant, family member, or legal guardian shall be given the participant/family member/legal guardian letter and an IEF on a yearly basis. If the participant or guardian does not return the completed form, the participant must be classified as paid.

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**Instructions for Determining Eligibility for Free and
Reduced Price Meals for Adult Day Care Centers**

1. The authorized center personnel shall review the IEF to determine if all portions of the IEF have been completed. The IEF is not valid if not fully completed by the participant, family member, or legal guardian.
2. The center personnel shall determine the participant's claiming category by completing the bottom of the IEF.
3. Center personnel must indicate if the eligibility status is based on the participant's income or SNAP, Medicaid, or SSI participation. If the participant is receiving SNAP (Food Stamp), SSI, or Medicaid benefits, the participant is automatically eligible for free benefits. If the participant is not a SNAP, SSI, or Medicaid recipient, then the determination of the household's monthly income must be completed.
4. Enter the total household size. Determine claiming status based on the income eligibility guidelines.
5. The participant must be claimed as paid if:
 - The information given by the participant, family member, or legal guardian is incomplete;
 - The income does not meet eligibility criteria;
 - The participant, family member, or guardian does not sign and date the IEF;
 - The last four digits of the Social Security number of the person signing the IEF is missing and the participant is not a SSI, SNAP, or Medicaid recipient;
 - The IEF has not been signed by authorized center personnel on or prior to the date the participant is claimed as free or reduced; or
 - The SNAP number is not a valid eight digit number.
6. The IEF is effective for a one year period from the date the authorized center representative reviews, signs and dates the form.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
CHILD AND ADULT CARE FOOD PROGRAM
INCOME ELIGIBILITY FORM FOR ADULT CARE CENTERS

To apply for free and reduced price meals in an adult care center, complete this form.

PART 1 ENROLLEE INFORMATION

Complete information below for the enrollee at the adult care center. If the participant is a Medicaid, Supplemental Security Income (SSI), or Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamp) participant, complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a Medicaid, SSI, or SNAP case number.

ENROLLEE'S NAME

DATE OF BIRTH

Check all that apply and provide the appropriate case number.

☐ MEDICAID ☐ SSI ☐ SNAP (FOOD STAMPS)

PART 2 HOUSEHOLD AND INCOME INFORMATION

Complete information below for all household members. A household member is defined as the adult participant, and if residing with the adult participant, the spouse and dependents of the adult participant. Functionally impaired adults living with their parents are considered a "family" separate from their parents. For each household member, indicate income by source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security.

INCOME BASED ON (CHECK ONE)	YEARLY <input type="checkbox"/>	MONTHLY <input type="checkbox"/>	2 X A MONTH <input type="checkbox"/>	EVERY 2 WEEKS <input type="checkbox"/>	WEEKLY <input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

PART 3 RACIAL ETHNIC INFORMATION (You are not required to answer this section)

Are you of Hispanic or Latino origin? ☐ YES ☐ NO

What is your race? (Select one or more)

AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 4 SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT ENROLLEE OR GUARDIAN

SOCIAL SECURITY NUMBER (LAST FOUR DIGITS ONLY)

DATE SIGNED

XXX - XX -

(IF NOT ENROLLEE SIGNATURE, RELATIONSHIP OF ADULT TO THE ENROLLEE)

PRINTED NAME OF ADULT

ADDRESS

HOME PHONE NUMBER

WORK PHONE NUMBER

Section 9 of the National School Lunch Act requires that, unless your SNAP, Medicaid, or SSI case number is provided, you must include the last four digits of the social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of the social security number is not mandatory, but if it is not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP, Medicaid, or SSI benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR CENTER USE ONLY

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):						
		YEAR <input type="checkbox"/>	MONTH <input type="checkbox"/>	2 X A MONTH <input type="checkbox"/>	EVERY 2 WEEKS <input type="checkbox"/>	WEEKLY <input type="checkbox"/>	SNAP <input type="checkbox"/>	SSI <input type="checkbox"/>

Eligibility Determination: ☐ Free ☐ Reduced ☐ Paid

SIGNATURE OF CENTER REPRESENTATIVE

DATE

**Child and Adult Care Food Program
INCOME ELIGIBILITY GUIDELINES**

July 1, 2009 – June 30, 2010 (extended through June 30, 2011)**

Free Meals – 130%

Reduced-Price Meals – 185%

Household Size	Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly		Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly
1	\$14,079	\$1,174	\$587	\$542	\$271		\$20,036	\$1,670	\$835	\$771	\$386
2	18,941	1,579	790	729	365		26,955	2,247	1,124	1,037	519
3	23,803	1,984	992	916	458		33,874	2,823	1,412	1,303	652
4	28,665	2,389	1,195	1,103	552		40,793	3,400	1,700	1,569	785
5	33,527	2,794	1,397	1,290	645		47,712	3,976	1,988	1,836	918
6	38,389	3,200	1,600	1,477	739		54,631	4,553	2,277	2,102	1,051
7	43,251	3,605	1,803	1,664	832		61,550	5,130	2,565	2,368	1,184
8	48,113	4,010	2,005	1,851	926		68,469	5,706	2,853	2,634	1,317
For each additional family member, add:	+4,862	+406	+203	+187	+94		+6,919	+577	+289	+267	+134

Note: Only provide the income guidelines for reduced price meals to the parents.

**The updated Poverty Guidelines issued August 3, 2010, by the Department of Health and Human Services do not represent a change in the IEGs for the Child Nutrition Programs. Therefore, in making eligibility determinations for free and reduced price meals institutions should continue to utilize the 2009-2010 IEGs. Such determinations shall be effective for a one year certification period.